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	NAME	FAX	PHONE
TO	Examiner Pablo N. Tran GAU 2685 Commissioner for Patents USPTO	(703) 872-9314	(703) 308-7941

FROM	Janet D. Chance janet.chance@bingham.com	(650) 849-4800	(650) 849-4904
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PAGES (INCLUDING THIS COVER PAGE): 21
 RE Amendment and Response to Office Action for
 U.S. Application Serial No. 08/891,301

MESSAGE

This facsimile consists of the following:

This Fax Cover Sheet (1 pg.);
 Fax Transmission Report dated 5/26/04 indicating 19 pgs. sent OK (1 pg.);
 Fax Cover Sheet with Certificate of Transmission to
 Examiner Pablo N. Tran dated 5/26/04 (1 pg.);
 Transmittal Form (1 pg.);
 Fee Transmittal (1 pg.);
 Petition for Extension of Time (1 pg.); and
 Amendment and Response to Office Action (15 pgs.).

Dear Examiner Tran:

Attached is a duplicate copy of the Amendment and Response to Office Action together with the accompanying transmittal documents that was fax filed on May 26, 2004. Please feel free to contact me if you require additional information. Thank you.

Janet D. Chance

For transmission problems, please call (650) 849-4825

The information in this transmittal (including attachments, if any) is privileged and confidential and is intended only for the recipient(s) listed above. If you are neither the intended recipient(s) nor a person responsible for the delivery of this transmittal to the intended recipient(s), you are hereby notified that any unauthorized reading, distribution, copying or disclosure of this transmittal is prohibited. If you have received this transmittal in error, please notify us immediately at (same telephone number as in first paragraph - will duplicate) and return the transmittal to the sender. Thank you.

Timekeeper No:	23257	Client/Matter No:	2021039	DATE/TIME STAMP
Client/Matter Name:	7011242001			
Return To:	Linda Major	Floor No:		

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*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 4840
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BINGHAM McCUTCHEN

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650.849.4800 fax

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	NAME	FAX	PHONE
TO	Examiner Pablo N. Tran Group Art Unit 2685 Commissioner for Patents USPTO	(703) 746-5984	(703) 308-7941

FROM	Jeffrey Smith jeffrey.smith@bingham.com	(650) 849-4800	(650) 849-4422
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PAGES (INCLUDING THIS COVER PAGE): 19

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Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence as well as the enclosures listed above are being facsimile transmitted to Commissioner for Patents, USPTO, to the attention of Examiner Pablo N. Tran, facsimile number (703) 746-5984, on the date indicated below:

Dated: May 26, 2004Signature: 

Linda Major

For transmission problems, please call (650) 849-4825

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Timekeeper No:	23257	Client/Matter No:	2021039	DATE/TIME STAMP
Client/Matter Name:	7011242001			
Return To:	Linda Major	Floor No:		

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PTO/SF/21 (08-03)
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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	08/891,301
	Filing Date	July 10, 1997
	First Named Inventor	Kenneth Harrenstien et al.
	Art Unit	2685
	Examiner Name	Pablo N. Tran
Total Number of Pages in This Submission		Attorney Docket Number 224/183; 017011242001

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> Facsimile Cover Sheet
<div style="border: 1px solid black; width: 100px; float: left; margin-right: 10px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Bingham McCutchen LLP
Signature	Jeffrey Smith, Reg. No. 39,377
Date	May 26, 2004

CERTIFICATE OF TRANSMISSION under 37 CFR 1.8			
I hereby certify that this correspondence as well as the enclosures are being facsimile transmitted to the Commissioner for Patents, USPTO, to the attention of Examiner Pablo N. Tran, facsimile no. (703) 746-6984, on the date shown below.			
Typed or printed name	Linda Major		
Signature		Date	May 26, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.74. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (10-03)
unless it displays a valid OMB control number.

<h1 style="text-align: center;">FEE TRANSMITTAL</h1> <h2 style="text-align: center;">for FY 2004</h2> <p style="text-align: center;"><i>Effective 10/01/2003. Patent fees are subject to annual revision.</i></p>		<i>Complete if Known</i>	
		Application Number	08/891,301
		Filing Date	July 10, 1997
		First Named Inventor	Kenneth Harrenstien et al.
		Examiner Name	Pablo N. Tran
		Art Unit	2685
		Attorney Docket No.	224/183; OI7011242001
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 420			

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 50-2518 Deposit Account Name: Bingham McCutchen LLP The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		FEE CALCULATION (continued) 3. ADDITIONAL FEES																																																																																																																																																																																																																																											
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>1202</td> <td>18</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1201</td> <td>66</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1203</td> <td>280</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1204</td> <td>86</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1205</td> <td>18</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5">SUBTOTAL (2)</td> <td>(\$0)</td> </tr> </tbody> </table>		Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid			1202	18	Claims in excess of 20				1201	66	Independent claims in excess of 3				1203	280	Multiple dependent claim, if not paid				1204	86	** Reissue independent claims over original patent				1205	18	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					(\$0)																																																																																																																																																																																																		
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SUBMITTED BY		<i>Complete if applicable</i>			
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Signature		Date	May 26, 2004		

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